The new era of coordinated care demands greater levels of teamwork and collaboration.
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Healthcare is in the midst of reform but not necessarily in response to any legislation. Rather, providers across the country—with a financial nudge from public and private payer organizations—have bought into the big picture of a healthcare delivery system where success is not measured by the number and value of billed procedures, but by a provider’s ability to lower costs and improve quality. When healthcare constituents discuss this exciting outlook, one theme continues to rise to the surface: collaborative care.

The two pillars of acute healthcare—the ED and the hospital—will effectively have the greatest impact on a performance-based, coordinated care delivery model. As such, they will be required to dismiss antiquated, department-focused activities and embrace a team-based approach that is supremely focused on the patient. But for organizations heavily rooted in tradition, it may be easier said than done.

Busily focused on the medical well-being of their patients, hospital-based and ED physicians don’t often take the time to communicate their own needs or desires, to the detriment of all constituents. “When placed in the context of new payment models that link reimbursements with quality outcomes, the ability of ED physicians and hospitalists to meet strict performance measures will largely depend on how well they work together,” says Joyce Converse, senior vice president for Sorying Consulting, a hospital management advisory firm. “Given that each group has a different primary focus in relation to medical care, this presents an imposing challenge.”

Before identifying the opportunities for collaboration, however, it’s important to gain an understanding of what hospitalist and ED staff each bring to the table.

Hospitalist Programs Gain Popularity

Hospitalist medicine is among the fastest growing medical specialties, according to financial services advisory firm Harris Williams & Company. Compounded annually, the sector grew by approximately 15% between 2008 and 2011. Analysts believe that hospital medicine’s increasing popularity is in part due to its model of deploying physicians as hospitalists whose sole focus is to deliver general medical care to hospitalized patients.

“Rapid growth within the hospitalist market is driven by the clear value hospitalists provide to multiple constituencies within the healthcare system,” reads a Harris Williams research brief. “Hospitalists serve a necessary and critical role in coordinating, managing and communicating with the different healthcare constituents within the inpatient care and post-hospital settings.” The firm points to three major benefits a hospitalist program can offer a healthcare provider organization:

1. Hospitalists are often able to provide better care coordination given that they are specifically focused on improving health outcomes and making the hospital stay a positive one.
2. Creating a better environment for patients, hospitalists are experiencing success in improving quality scores and expanding margins through better asset utilization, the downstream effect of reduced average lengths of stay.
3. Hospitalists enhance primary care physician effectiveness by allowing PCPs to spend less time in—or en route to—the hospital and more time treating office-based patients.

One East Coast provider organization was determined to reduce inpatient lengths of stay. Exploring proven process improvement techniques, administrators realized that if clinicians were able to discharge patients earlier...
in the day, they would be able to refill beds sooner, thereby reducing overall lengths of stay. The execution of one simple tactic in particular made all the difference: enhanced communication between hospitalists and patients regarding the discharge process.

Aiding in the performance improvement was an ultra low-tech whiteboard placed in each patient’s room to provide discharge instructions. Among the information included on the whiteboard is the approximate date the patient will be sent home, as well as instructions or other information on what to expect following discharge, including medications he or she will need to adhere to and rehabilitation programs he or she will be expected to participate in, for example. By implementing this simple process, the hospital was able to shave time off the discharging activities and markedly improve patient satisfaction scores.

**ED Medicine Focuses on the Patient Experience**

EDs are commonly referred to as the hospital’s front door—responsible for driving ongoing care activities such as inpatient admissions and referrals to specialists. But with high-volume demands and downward pressure on reimbursements, it’s increasingly important that ED staff are able move patients quickly, yet comprehensively, through the department.

As such, many EDs are deploying progressive tactics to improve throughput, such as pushing the patient directly into the ED when he or she arrives, an activity known as “push to pull,” according to Quint Studer, CEO of the Studer Group® consulting and performance improvement coaching firm. Other EDs are placing clinicians, such as a physician assistants or nurse practitioners who can order tests or manage patients’ pain, in the waiting room when there are no available beds in the ED.

One large health system in the Midwest determined that it required a new approach to patient care in the ED to improve throughput and decrease door-to-doctor wait times. It employed a two-track, “split-flow” model designed to process patients according to their acuity level, which would ultimately accelerate treatment of less sick patients and facilitate quicker hospital admissions for those who would ultimately require inpatient care. The organization realized a quick 10% bump in productivity with this approach.

**Hospitalists and ED Staff Unite to Boost Outcomes**

Due to the nature of their different charges—an ED physician to stabilize the patient, a hospitalist to manage the patient’s condition—these two caregivers will naturally have their conflicts. How they work through these issues to facilitate patient throughput and minimize hospital stay lengths will ultimately determine the healthcare organization’s success in improving care quality.

“A strong relationship between the hospitalist and ED is absolutely critical,” says Joseph Li, associate chief of the division of General Medicine & Primary Care and director of the hospital medicine program at Beth Israel Deaconess Medical Center in Boston. “More than ever, it’s important for providers to work together. It requires care teams to communicate with the goal of providing both patient-centric and cost-effective care.”

Converse wholeheartedly agrees. “As a starting point, key individuals from both disciplines need to regularly communicate so the group knows where the other is coming from,” she says. “Then the organization can jointly determine what other tools or methodologies they must put in place to support the patient along the care continuum. In today’s world, this means eliminating inappropriate admissions or readmissions, as well as providing ongoing care support after patients leave the hospital.”

Among the tactics healthcare organizations are utilizing to elevate quality are Lean and Six Sigma performance improvement processes. A West Coast healthcare provider commenced a customized Lean-based program that emphasizes improving the customer experience via an efficient use of available resources. Within a year of first employing these principles to improve patient throughput, the organization lowered the average number of
patients that left without being seen from about 3.3% to 2.3%; decreased the length of stay for admitted patients by 14%, and reduced door-to-doctor wait times by 26%.

Other organizations are looking to improve patient flow by reducing the time it takes for an ED patient to be admitted to the hospital. “Often, admitting hospitalists simply cannot get to the ED in a timely manner,” says John Nelson, MD, principal of hospital practice consulting firm Nelson Flores. “Yet one of the marquee principles of emergency medicine has historically been that ED doctors should never write admission orders.”

In the midst of shifting support for ED-generated admission orders, Nelson now advises hospitals to empower ED clinicians to write “holding” orders for more acute patients soon after they arrive in the ED, which would allow the patients to be immediately transferred to an inpatient bed. A variation of this activity would have the ED clinician provide holding orders to the hospitalist by phone, from which he or she can begin the admission process. "Many now see these responses as clinically reasonable and, in some cases necessary, to ensure positive outcomes,” he says.

**Outsourcing for Success**

Healthcare organizations today are increasingly looking to outsource clinical services when they realize that their capacity to operate at the highest levels possible is impeded by operational or financial constraints. Among them, healthcare organizations today are faced with shortages of quality physicians and nurses, as well as skilled departmental leaders and experienced hospitalist and emergency department support staff.

“At the end of the day, all but the largest healthcare organizations often find it difficult to recruit and/or retain these individuals,” says Beth Israel’s Li, who also is president of the Society of Hospital Medicine. “Sometimes it’s a matter of geography. In other cases a hospital’s patient mix might make it difficult to hire the necessary expertise.”

Healthcare providers are also confronting [Continued on p.9](#)
A Med-PAC analysis of Medicare data found 17.6% of all Medicare hospital admissions are readmissions that account for $15 billion annually in expenditures — $12 billion was preventable.

The elderly are coming to our EDs in ever increasing numbers. Thorough coordination of inpatient and outpatient resources will prevent these patients from finding themselves readmitted due to:

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- Gaps in planning for transitional care
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At Doctor’s Medical Center in California, strong performance and successful patient flow are built on a foundation of collaboration and trust

Patient handoffs between the emergency department (ED) and other care settings are always tricky. Just ask clinicians at Doctors Medical Center (DMC) in San Pablo, Calif. A full-service acute care hospital serving the residents of West Contra Costa County, DMC prides itself on delivering top-notch cancer treatments, cardiac services, and round the clock emergency care in its 24-bed ED. But even its best intentions couldn’t ensure smooth patient flow throughout the organization.

Responding to the Challenge

The hospital sought to elevate patient care and satisfaction levels in their underserved community but was hindered by poor communication between hospitalist and ED teams. Knowing that it would prove difficult to find the right combination of medical expertise and experienced clinical leadership, the hospital contracted with CEP America for ED staffing and management and its affiliated hospitalist program Galen Inpatient Physicians.

One of the first steps was improving collaboration and trust between the hospitalists and emergency physicians. “The relationship is dependent upon how well those in the ED respond to hospitalists’ needs and vice versa,” says Bob Cadotte, MD, Galen regional director. “We know from experience that clinician teamwork becomes far more effective when each of the parties better understands the issues that each group faces on a daily basis. And that is where we began our process.”

In June 2011, the organization began hosting quarterly collaboration meetings where leadership discussed how they could improve care processes, including patient transitions. The intent was to implement standard protocols that would guide clinician decision-making, and ensure that hospitals and ED staff were following best practices in areas of patient care, risk management, and hospital staffing. One initiative to emerge from these meetings was a Lean-inspired performance improvement process.

Just before an ED patient is transferred to inpatient care, the emergency clinician will traditionally phone a hospitalist, requesting a consultation with the patient. However, hospitalists are often not able to visit the patient for one-to-two hours or more.

Hospitalists and ED clinicians both agreed that they could improve patient flow by implementing telephone admission orders, or “holding orders,” according to Seth Thomas, MD, CEP America ED medical director. “Now when the ED clinician contacts a hospitalist, he or she will relay the admission diagnosis, which the hospitalist will record in the admissions order.”

Achieving Positive Results

“This process not only provided us with better efficiency, it helped boost our patient satisfaction levels because patients are not waiting to be admitted,” according to Humayun Tufail, MD, Galen assistant medical director, who adds that DMC has been able to trim about 45 minutes off ED-to-hospital admission wait times. “We managed to achieve these results simply by having the two teams sit down and discuss the admission process and reach a collaborative agreement on ways we could handle it better.”

DMC also placed a significant focus on lowering readmission rates by revamping its discharge processes. “The acute care continuum is dependent on many providers working together throughout a patient’s illness to make the patient experience more than just satisfactory,” Cadotte says. “The only way to successfully accomplish this is to have a working relationship with all the entities involved so you can perfect the care transition process. CEP America and Galen are a perfect example of this.”

DMC turned this goal into a reality via a partnership with local skilled nursing facilities. Previously, patients were either admitted to the hospital—because they had nowhere else to go—or simply discharged following their ER visit. ED clinicians now have the ability to move patients that fall short of the criteria needed for a hospital admission to a nursing center for follow-up care. As a result of its efforts, DMC has reduced costs with fewer low-acuity hospital stays and readmissions.

ED and hospitalist staff also continue to improve patient flow by sending liaisons to each other’s regular staff meetings. “This not only improves our statistical performance, it strengthens professional relationships and ensures that we are all on the same page in regards to patient care,” Tufail says.

“We knew that clinicians would be more efficient by cooperating with one another and really trying to understand the issues that each group faces on a daily basis.”
Continued from p. 6  growing shortage of specialty physicians, making it more difficult for hospitals to find appropriate specialists ready or willing to cover the ED or hospital floor. According to a survey conducted by the Schumacher Group, 86% of hospital administrators said that a lack of specialty coverage of their EDs poses at least a “moderate risk” to patients, while 38% said lack of specialty coverage poses a “significant risk” or a “very significant” risk to patients. These statistics not only highlight difficulties hospitals face in hiring qualified medical staff, but also the downstream effect if they are not able to adequately fill their EDs and hospitalist programs with qualified, experienced clinicians. Enter hospitalist and ED outsourcing.

More often than not, healthcare organizations that realize success outsourcing one area of their clinical operations will look to the same firm for other service lines to leverage synergies and best practices across the facility. And with outsourcing firms increasingly offering a national presence, hospitals can more easily gather and implement best practices for their clients, regardless of the operating environment and market.

Emerging multidisciplinary models of care offer the promise of higher quality for patients and lower costs for the healthcare industry. These new patient-centered, accountable approaches harness the power of collaboration among hospitalists and ED clinicians to deliver precise and effective coordinated care. In a future identified by new payment models, it will be even more vital for hospitals to institute programs that align ED clinicians and hospitalists along the same goal of delivering quality care to achieve the greatest clinical and financial outcomes. Outsourcing ED and hospital medicine programs represents one of the best opportunities for healthcare organizations to respond to the industry’s evolving demands in a proactive, nimble manner.

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Hospitalists and emergency medicine (EM) physicians take pride in the unique roles they serve at their institutions. While each has their patients’ best interests in mind, these roles often constrain the two groups into silos of procedures and decisions, limiting the flow of information and preventing emergency department (ED) clinicians and hospitalists from coordinating the best courses of action.

The consequences of these barriers are frustrating at best, detrimental to patients and their families at worst. Either way, they can be avoided when EM physicians and hospital medicine (HM) physicians are united around a singular mission to improve quality throughout the patient care continuum. Lodi (Calif.) Memorial Hospital (LMH) faced this very issue: a lack of coordination among the EM and HM departments. “They had no synergy, no communication,” says Lodi Memorial CEO Joseph Harrington.

“With the communication and synergy we now have with TeamHealth as our partner for both ED and hospital medicine management, we are seeing significant improvements.”

Looking for EM and HM Synergies

With hospital performance metrics waning, administrators decided to make a change. The organization—with 5,500 annual admissions and 20,000 patient visits to the ED—knew that a single firm with the resources to manage both the HM and EM programs would provide the best chance for success in meeting the organization’s quality improvement goals.

LMH’s HM program was operated by TeamHealth, one of the largest suppliers of outsourced healthcare professional staffing and administrative services for EM, HM, anesthesia, and pediatric departments. Because of TeamHealth’s successful track record with LMH’s HM program, administration asked TeamHealth to take over management services for the EM program. The strong leadership of the HM and ED facility medical director fostered open dialogue between the physician groups, which was initiated by asking and answering the question, “What can we do for you?”

Communication Leads to Better Coordination

Emergency physicians and hospitalists collaboratively established appropriate response times for both programs, and emergency physicians were kept informed on hospitalist call lists and daily rounding sheets. By communicating their needs and desires, the two groups were able to achieve common ground on many procedural issues, including:

- The collaborative development and implementation of rapid-admit protocols
- An agreement on what comprises a complete workup
- Improved communication channels to address issues
- The alignment of EM and HM core measures
- The creation of a strong rapport between the physicians in both camps

The Results Speak for Themselves

As part of the rapid-admit protocols, emergency physicians and hospitalists identified which diagnoses and clinical scenarios lent themselves to expediting throughput in the ED. Vital-sign criteria were established to help determine a patient’s eligibility for the rapid-admit process and enabled hospitalists to evaluate patients in the ED before they are transferred to the inpatient setting.

As a result of these initiatives, physicians were able to see significantly more patients per hour in the ED: an average 2.19 compared with 0.71. And in just six months, patient complaints in the hospital decreased from eight to zero. “With the communication and synergy we now have with TeamHealth as our partner for both ED and hospital medicine management, we are seeing significant improvements,” Harrington says.

Acquiring the expertise needed for a high-performing clinical team can be expensive and difficult for healthcare providers. Outsourcing firms have the ability to locate top talent and provide the necessary leadership training to ensure that their clinical departments operate at their highest level and with lower overall operating costs.

TeamHealth rose to the challenge by facilitating open communication and sharing vested interests between the two physician groups. With all physicians in both programs accountable for patient outcomes, physicians were able to collaboratively improve the quality of care and create operational efficiencies.
TeamHealth enjoys a 98.2% client retention rate.

Innovative. Problem Solvers. Partners. Those are just a few of the terms our clients use to describe TeamHealth. We combine experienced clinical and business leaders with cutting edge information systems, tools and resources to realize meaningful—and sustainable—operational, clinical and financial results. Your success is our mission. That is why TeamHealth ranks #1 in client satisfaction and is most likely to be recommended by hospital executives to their colleagues.*
Healthcare providers today face a variety of challenges in their quest to improve quality, grow revenue, rein in costs, and provide exemplary customer service. Many are experiencing an increased number of visits—both inpatient and emergency department (ED)—yet they lack the infrastructure, financial resources, qualified staff, or leadership culture to manage the influx efficiently and at a high level.

These challenges often result in longer ED wait times, leading to more instances in which patients leave prior to treatment or a medical screening examination (LPT/LPMSE). Not only does this negatively impact patient satisfaction scores, it also has the potential to greatly affect revenue.

One hospital in New Mexico was facing just those types of challenges. Its LPMSE percentages were increasing and its ED volume was not increasing because of throughput issues. On the inpatient side, length of stay (LOS) and readmission rates were rising and the facility was experiencing a low case-mix index and lackluster core measure performance.

Looking for innovative, cost-effective solutions, the hospital turned to EmCare, its long-time physician services partner. EmCare, a leader in providing ED, hospital medicine, anesthesiology, and radiology/teleradiology services, quickly went to work implementing EmCare's Door-to-Discharge integrated hospitalist/ED service with Rapid Admission Process and Gap Orders software.

Door-to-Discharge, which is proving successful in facilities throughout the country, aligns the goals of the hospitalists and the emergency physicians with those of the hospital. It is designed to expedite and improve patient care by moving patients more efficiently from the ED—often the hospital’s “front door”—to successful treatment and a quicker discharge.

Without the tight integration provided by Door-to-Discharge, emergency physicians and hospitalists often operate under different compensation structures and value different benchmarks. For instance, while increasing throughput might be a high priority for an emergency physician, a hospitalist may be more inclined to find solutions that decrease LOS.

Door-to-Discharge assumes that, with the right incentives, the two specialties can align their goals and increase efficiencies, improve communication, and strengthen relationships in the name of higher patient volume with no compromise in the quality of care. An added benefit of the seamless handoff from the ED to the hospital is the positive effect on core measures, many of which begin with the emergency physician and continue with the hospitalist.

To increase efficiencies, Door-to-Discharge utilizes a rapid admission process. Developed with input from both emergency and hospital medicine physicians, the process is designed to increase capacity by quickly moving patients from entry to treatment. When a patient arrives in the ED with certain common medical conditions such as chest pain or pneumonia, and subsequently meets predefined criteria for those conditions, he or she is rapidly admitted to the hospital. This rapid admission process eliminates the uncertainties that have led to delays or negotiations between ED staff and hospitalists in the past. The Door-to-Discharge model is based on trust and teamwork between emergency physicians and hospital medicine staff and has measurable benefits, including:

- Increased ED volume
- Decreased LPT/LPMSE rates
- Reduced LOS
- Improved patient outcomes
- Greater ED throughput
- Improved bed utilization
- Decreased cost per case
- Reduced readmission rates

Even in its early stages, Door-to-Discharge has already paid benefits for the hospital, its physicians, and its patients.

Results

March 2010 to Date

- ED volume: Increased 10%
- LPT/LPMSE: Decreased from 10% to less than 2%
- Adult inpatient LOS: Decreased from 6.5 days to under 3 days
- Daily inpatient encounters: Increased from 12 to 40

The hospital has also experienced a decrease in readmission rates and non-cardiac ED transfers, a 30% increase in ED throughput and the following improved efficiencies:

- Reduced LOS
- Increased hospital capacity
- Decreased cost per case
- Improved case-mix index: patients that were previously transferred can now be treated

With EmCare’s Door-to-Discharge service with Rapid Admission Process and Gap Orders software, hospitalists and emergency physicians work together to improve quality and control costs, providing a win-win for hospitals and their patients. For more information on EmCare Hospital Medicine’s services, call (877) 416-8079 or visit www.EmCareInpatient.com.
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Emergency Medicine Physicians: Fostering Growth in Parallel with Practice Stability Across Varied Hospital Settings

The Challenge –

Carolinas Medical Center hospitals are a part of the Carolinas Healthcare System (CHS), a large healthcare entity located in North and South Carolina. In Charlotte, NC, and the surrounding Mecklenburg County, many of the system’s emergency departments had been staffed for 25 years by a private EM group. The hospital system envisioned growth and wished to entertain strategic initiatives to improve their acute care standing, but the private EM group had limited resources and was unable to meet the needs of the system without financial support.

The Solution –

On January 1, 2010, EMP partnered with Carolinas Healthcare System to help provide their acute care needs at four hospital EDs in the Charlotte region. EMP met with the current group members and retained 37 of 39 physicians and all of the midlevel practitioners at these sites. Additional staff were hired to bring the group today to a total of 71 emergency physicians and 27 MLPs, making up a strong team of ED clinicians. The transition for the hospital system was seamless as their best physicians were retained and the need for financial support to achieve full staffing was effectively eliminated by EMP.

The partnership that Carolinas Healthcare System found with EMP includes not only staffing but also the management of clinical operations. EMP’s strength is bringing new ideas and solutions in order to create the most efficiently run ED possible, while improving the patient experience. EMP’s PhysicianFirst program was implemented in the appropriate clinical settings to improve the triage process and decrease walkouts. Efficiency consulting, patient satisfaction training, and an experienced and effective leadership team helped guide the physician group to optimize patient flow. As operations improved in the hospital EDs, a new freestanding ED was opened in the region bringing in over 20,000 visits within 12 months. The joint efforts of CHS and EMP made a real difference to the residents of Mecklenburg County, NC.

The Results –

- Volume at 5 Carolinas Healthcare System EDs has grown overall 20% in the 24 months of partnership with EMP.
- A second freestanding ED created with the joint efforts of CHS and EMP will be opening its doors in April 2012.
- EMP’s national recruiting program attracted over 30 residency-trained, board-certified/eligible emergency physicians to join the group.
- EMP’s team approach and medical protocols helped align neurologists, radiologists, and hospitalists with emergency medicine specialists to help create and foster the development of the Carolina Stroke Network.

“PhysicianFirst makes sense both clinically and financially. It aligns resources so that patient care is delivered proactively resulting in the right care at the right time in the right place.” — Chris Hummer, CEO, CMC Pineville

Summary –

Two years since their partnership, CHS has retained a physician-owned operation that provides the leadership and experience to meet the acute care healthcare needs of their communities. Oversight of operations and quality is managed for each individual ED by capable and focused EMP leaders. Board-certified emergency physicians are located and retained by EMP, and have made their home among the Carolinas Healthcare Systems facilities. The vibrant partnership between CHS and EMP has brought growth and increased community standing to help CHS become the premier provider of emergency medicine in the Charlotte, NC region.
How are hospitalist and ED outsourcing firms adapting to emerging accountable and coordinated care models? Specifically how can your company help clients succeed in this environment through improved clinical outcomes and reduced healthcare costs?

CEP America’s experience and successes have prepared us to meet and address the healthcare requirements we face today and in the future. Our expertise provides value to clients in the “acute care continuum,” including hospitals, emergency departments, urgent care settings and post-discharge facilities, all collaborating to improve throughput, provide high quality medicine and ultimately reduce costs. We succeed in this arena by eliminating departmental silos. We integrate the evaluation and treatment by the many providers involved in acute care, eliminating redundancies, decreasing readmissions and creating a positive patient experience. The result is shorter wait times, reduced length of stay in the ED and hospital and adherence to CMS standards. Our signature practices require extensive collaboration with all members of the team. Together with nurse leaders and committed hospital administrators, CEP America physicians create high-performing departments at every level of acute care.

Hospital leaders are outsourcing to companies that display vision, leadership, sophistication and innovation … companies such as EmCare Hospital Medicine. EmCare’s proprietary Door-to-Discharge service with Rapid Admissions Process and Gap Orders evidence-based software (D2D with RAP&GO) helps reduce ED boarding time, free up ED beds, expedite admission to inpatient floors, reduce left-without-treatment rates, leading to an impact on ROI. The EmCare Quality Improvement Program (EQuIP) is designed to help balance both quality and cost and takes aim at those items that are the focus of Value Based Purchasing – HCAHPS (EmCare partners with Studer Group to improve the customer experience), core measures (EmCare uses order sets to help meet 100 percent of core measures every time) and readmissions (EmCare helps unassigned discharging patients find primary care physicians as a means to reduce preventable readmissions). EmCare Hospital Medicine is an industry-leading hospitalist program outsourcing solution.

In the new healthcare environment, it will become imperative for emergency medicine groups to coordinate their care with the hospital systems and primary care physicians. Success will be measured by improved clinical outcomes, a better patient experience, and reduced healthcare costs. Many health systems are talking about using an employed physician model. EMP is owned by physician partners. Ownership allows us to manage the evolution of a medical group into an ACO affiliation, to align physician behaviors that incentivize desired results, and to become the type of partnership that communities will need. Aligning now with a provider organization that has this model will be the road to future success. EMP is growing rapidly because we have come up with the right game plan and have executed that plan in EDs across the country.

Premier Physician Services is celebrating 25 years of successfully collaborating with our clients to improve outcomes and reduce costs. We recognize the importance of coordination of care, which is why our primary focus is on both emergency medicine and hospitalist service lines. We assist clients in maintaining a competitive advantage while improving the patient experience. This is demonstrated in our newest program, Geriatric Emergency Department Centers of Excellence. By coordinating inpatient and outpatient resources, we improve the quality of care to our elderly population while reducing the expense to the hospital associated with unnecessary re-admissions. Premier also is exploring the use of telemedicine with our rural hospital clients in order to improve access to specialty care. Premier offers clients experienced leadership, alignment of goals and ongoing performance measures that ensures coordination of care on the hospital’s most significant admission point – the ED.

With the advent of Accountable Care Organizations (ACOs) and the reemergence of risk/capitation, it is incumbent on all healthcare providers to focus on quality-driven outcomes and cost management. TeamHealth stands alone as a healthcare solutions company, with the ability to partner with hospitals and health systems throughout the continuum of care. We focus on the provision of care at the most efficacious level, providing care management and delivery expertise in the areas of emergency medicine, hospital medicine, anesthesiology, urgent care clinics, telemedicine applications for both acute and non-acute settings, surgicalists, laborists, intensivists, discharge clinics, post-acute care management and case management. Our providers deliver integrated services through the utilization of evidence-based care pathways, precise data collection, data analysis, teamwork and communication. TeamHealth leads the industry in knowledge and expertise in the provision of medical services across the continuum of care.
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